#### Utah Department of Health, Child Care Licensing

#### Center Renewal Application, Staff Annual Training Form (Please use blue or black ink only)

#### Individual's Name:

Please follow the attached instructions when completing this form. This form documents required annual training topics and hours (20 hours,10 of which must be face-to-face) which must be completed before the center's license expires. Attach to this form copies of all training documentation from outside sources (i.e. CCR&R, Child Care Licensing, Conferences, Workshops, school transcripts, etc.).

In order for the center's license to be renewed a copy of this form must be completed for each director, assistant director, and caregiver. This form must also be completed for each substitute who works an average of 10 hours per week or more. Your Licensor will review these completed forms as part of your Announced Inspection.

Date of Training (mm/dd/yyyy)	Hours and/or Minutes of Training		Face to Face?		Topics Covered	Training Delivered By:
					The provider's current written	
1 1	Hours	Mins.	Yes	No	policies and procedures	
					The provider's current written	
1 1	Hours	Mins.	Yes	No	emergency and disaster plan	
					Child abuse and neglect signs and	
					symptoms, and legal reporting	
1 1	Hours	Mins.	Yes	No	requirements	
					Principles of child growth and	
					development, including	
1 1	Hours	Mins.	Yes	No	development of the brain	
					Positive guidance	
1 1	Hours	Mins.	Yes	No		
					Preventing shaken baby syndrome,	
1 1	Hours	Mins.	Yes	No	if infants or toddlers are cared for	
					Coping with crying babies, if infants	
1 1	Hours	Mins.	Yes	No	or toddlers are cared for	
					Preventing Sudden Infant Death	
					Syndrome, if infants or toddlers are	
1 1	Hours	Mins.	Yes	No	cared for	
					Licensing Rules for Supervision and	
1 1	Hours	Mins.	Yes	No	Ratios (R430-100-11)	
					Licensing Rules for Injury	
1 1	Hours	Mins.	Yes	No	Prevention (R430-100-12)	
					Licensing Rules for Parent	
					Notification and Child Security.	
1 1	Hours	Mins.	Yes	No	(R430-100-13)	
					Licensing Rules for Child Health	
1 1	Hours	Mins.	Yes	No	(430-100-14)	
					Licensing Rules for Child Nutrition	
1 1	Hours	Mins.	Yes	No	(R430-100-15)	
	I				Licensing Rules for Infection Control	
1 1	Hours	Mins.	Yes	No	(R430-100-16)	
Total Hours & Mins.						
on this Page:	Hours	Mins.				

April 2011 Center Initials: Caregiver Initials: Center Staff Annual Training Form, Page \_\_\_\_\_\_ of \_

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Date of Training (mm/dd/yyyy)	Hours and/or Minutes of Training		Face to Face?		Topics Covered	Training Delivered By:
1 1	Hours	Mins.	Yes	No	Licensing Rules for Medications (R430-100-17)	
1 1	Hours	Mins.	Yes	No	Licensing Rules for Napping (R430-100-18)	
1 1	Hours	Mins.	Yes	No	Licensing Rules for Child Discipline (R430-100-19)	
1 1	Hours	Mins.	Yes	No	Licensing Rules for Activities (R430-100-20)	
1 1	Hours	Mins.	Yes	No	Licensing Rules for Transportation, if the center provides transportation (R430-100-21)  Licensing Rules for Animals, if the center permits animals (R430-100-	
1 1	Hours	Mins.	Yes Yes	No No	Licensing Rules for Diapering, if the center diapers children (R430-100-	
1 1	Hours	Mins.	Yes		Licensing Rules for Infant and Toddler Care, if infants or toddlers are cared for (R430-100-24)	
1 1	Hours	Mins.	Yes	No		
1 1	Hours	Mins.	Yes	No		
1 1	Hours	Mins.	Yes	No		
1 1	Hours	Mins.	Yes	No		
1 1	Hours	Mins.	Yes	No		
1 1	Hours	Mins.	Yes	No		
Total Hours & Mins. on this Page:	Hours	Mins.				
Total Hours & Mins. Page 1 + Page 2:		Mins.				

If you need additional pages to document the required 20 hours of training, copy and use the additional page below.

April 2011 Center Initials: Caregiver Initials: Center Staff Annual Training Form, Page \_\_\_\_\_ of \_\_\_\_

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Date of Training (mm/dd/yyyy)	Hours and/or Minutes of Training		Face to Face?		Topics Covered	Training Delivered By:
1 1	Hours	Mins.	Yes	No		
1 1	Hours	Mins.	Yes	No		
1 1	Hours	Mins.	Yes	No		
1 1	Hours	Mins.	Yes	No		
1 1	Hours	Mins.	Yes	No		
1 1	Hours	Mins.	Yes	No		
1 1	Hours	Mins.	Yes	No		
1 1	Hours	Mins.	Yes	No		
	Hours	Mins.	Yes	No		
1 1	Hours	Mins.	Yes	No		
, ,	Hours	Mins.	Yes	No		
, ,	Hours	Mins.	Yes	No		
, ,						
Total Hours & Mins.	Hours	Mins.	Yes	No		
on this Page:		Mins.				
Total Hours & Mins. Pages 1 + 2 + 3:		Mins.				

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Caregiver Initials:

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